

P12000036035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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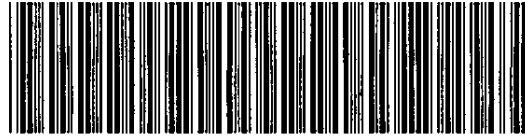
(Business Entity Name)

(Document Number)

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AUG 5 2015  
C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Innovative Medical, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P12 0000 36035

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vinay Roopnarinesingh

(Name of Person)

Innovative Medical, inc.

(Name of Firm/Company)

4601 Mimosa Terrace, Unit 1308

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Urmala Roopnarinesingh

(Name of Person)

786 236-3306

at ( )

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

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CR2E044 (05/13)

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Urmala Roopnarinesingh, hereby resign as President/Director


(Title)

of Innovative Medical, Inc.,  
(Name of Corporation)

P12000036035

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

FL



(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327